Event Logistics Template

Date(s) of Event	Tin	ne	Date of	
Request				
Sponsor			Staff	
Contact				
Contact				
			Telephone	
 Address			E-Mail	
Address				
Telephone			Fax	
Description of Event:				
Locations(s)				
 Number of Performers:_ Yes [] No		Estimated A	Audience:	Tickets sold:
Type of Audience: Other:			te 🗌	
Will beverages be served				
Provider: Will alcohol be served?_				
will alcohol be served?_			Provider:	
Provider:				
Entertainment:				
Piano to be used?:	Tuning	Required	Tuning Date	Bill
to				

Enter time each day for the following:	Date	Date	Date	Date	Date
Initial entry for delivery and setup:					
Open Entrance:					
Activity 1:					
Activity 2:					
Activity 3:					
Activity 4:					
Close Entrance:					
End Clean-up and Exit:					

Staff Hours Required: (number X hours)	Date			Total
Security Officers:				
Security Monitors:				
Event Staff:				
Audio/Visual Assistants:				
Other:				

Equipment Provided by Location

		- J	
Staff	Sponsor	Other (specify)	
	Staff		

Fees:	Estimated	Adjustments after event	Final
Security Staffing:	\$		\$
A/V Staffing:	\$		\$
Event Staffing:	\$		\$
A/V Equipment Fee	\$		\$
General Support Fee	\$		\$
Total	\$		\$

	Approval with any reasons/conditions	Date
Events Committee:		
Director:		

Comments: